



Return Receipt Article Number		COMPLETE THIS SECTION ON DELIVERY	
 9590 9266 9904 2980 0782 20		<div><div><input checked="" type="checkbox"/> Agent</div><div><input checked="" type="checkbox"/> Addressee</div></div>	
2. Certified Mail® Article Number 9414 7266 9904 2980 0782 27		A. Signature 	
3. Service Type: CERTIFIED MAIL		B. Received by (Printed Name)	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		C. Date of Delivery 2-8-21	
1. Article Addressed to:		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<div>LAURA TRICKLE P.O. Box 402 Thornville, OH 43076</div>			
PS Form 3811, Facsimile, July 2015		Domestic Return Receipt	